

SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
2000 PRIMARY AND GENERAL ELECTIONS

State of Nevada

Bob WOLF INCLINE VILLAGE G.I.D. TRUSTEE N/A
Candidate's Name(print) Office District (if applicable)
596 Tyner Way, INCLINE VLG, NV. 89451 (775) 831-4121
Mailing address (include city and zip code) Telephone Number

REPORT NUMBER 1 - DUE AUGUST 29, 2000

Report Period **Began:** December 17, 1994, for an office with a six year term
Report Period **Began:** December 21, 1996, for an office with a four year term
Report Period **Began:** December 19, 1998, for an office with a two year term

Report Period **Ends:** August 23, 2000

Cash on hand from previous campaign (should equal the balance shown on your last disposition of unspent contributions report), if any 0

CONTRIBUTIONS SUMMARY

| | |
|--|----------|
| 1. Total Amount of contributions in excess of \$100 | <u>0</u> |
| 2. Total amount of contributions of \$100 or less | <u>0</u> |
| Actual number of contributions of \$100 or less <u>0</u> | |
| 3. Interest and income earned, if any | <u>0</u> |
| 4. TOTAL AMOUNT OF ALL CONTRIBUTIONS (add lines 1 through 3) | <u>0</u> |

EXPENSES SUMMARY

| | |
|---|------------------|
| 5. Total amount of expenses in excess of \$100 | <u>0</u> |
| 6. Total amount of expenses of \$100 or less | <u>\$ 101.25</u> |
| 7. Expense for filing fee | <u>\$ 30.-</u> |
| 8. TOTAL AMOUNT OF ALL EXPENSES (add lines 5 through 7) | <u>\$ 131.25</u> |

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/28/00
Date

Bob Wolf
Signature of Candidate

cert mail
8-29-00
AW

CAMPAIGN CONTRIBUTIONS

REPORT PERIOD Number 1

BOB WOLF INCLINE VILLAGE G.T.D. TRUSTEE N/A

Contributions in Excess of \$100 or, When Added Together Exceed of \$100[illegible]

District (if applicable)

Contributions of \$100 or Less

[illegible]

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BOB WOLF INCLINE VILLAGE G.T.D. TRUSTEE N/A
 Candidate's Name (print) Office District (if applicable)

Expenses Categories

| CATEGORIES | CODE | TOTALS |
|--|------|---------------------------------|
| Office expenses | A | |
| Expenses related to volunteers | B | |
| Expenses related to travel | C | |
| Expenses related to advertising | D | \$101.25 \$101.25 |
| Expenses related to paid staff | E | |
| Expenses related to consultants | F | |
| Expenses related to polling | G | |
| Expenses related to special events | H | |
| Goods and services provided in kind for which money would otherwise have been paid | I | |
| Other miscellaneous expenses <i>filing fee</i> | J | 30.- |

BOB WOLF INCLINE VILLAGE C.T.D. TRUSTEE N/A
Candidate's Name (print) Office District (if applicable)

Expenses in Excess of \$100

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S) | CATEGORY | DATE(S) OF EACH EXPENSE | AMOUNT(S) OF EACH EXPENSE |
|---|----------|-------------------------|---------------------------|
| N/A | | | |
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CAMPAIGN EXPENSES

REPORT PERIOD Number 1

Bob Wolf Incline Village G.I.D. Trustee NA
Candidate's Name (print) Office District (if applicable)

Expenses of \$100 or Less

[illegible][illegible]

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